

C. Quality Assurance System

C.1. Discuss how the State has complied with the requirement at Section 471 (a) (22) of the Social Security Act to develop and implement standards to ensure that children in foster care placement are provided quality services that protect their health and safety, and any effects of implementing the standards to date.

Section 471 (a)(22) of the Social Security Act requires states to develop and implement standards that ensure children in foster care placements are provided with quality services that protect their health and safety. The State of Missouri has implemented a number of policies and licensing requirements that comply with the requirements set forth by this section of the Social Security Act. The policies and licensing requirements can be found in the state's Child Welfare Manual (CWM). The CS-1 (Child Assessment and Service Plan) form has captured the information about a child's physical and mental health.

Child Welfare Manual: Foster Family Home and Residential Care Agencies Licensing Rules

Foster homes are required to meet minimal qualifications to ensure safety for the children while placed in the home. The Children's Division Child Welfare Manual mandates persons who express interest in becoming a foster parent must be licensed according to the state guidelines. The home must meet basic safety guidelines. Some of the minimal standards include adequate space for the child(ren) to sleep, a fire safety plan, a fire extinguisher and other requirements relating to basic care and safety. Additionally, the foster parent(s) must be in good physical health to be able to care for the children in their home. To assure a child's physical safety, foster parents are trained on alternative disciplinary actions, as corporal punishment is prohibited for children in foster care placements.

The *Foster/Adopt STARS (Specialized Training Assessment Resources and Support Skills Program)* training program is designed to facilitate the development of relationships between prospective foster parents, adoptive parents, co-trainers, and the Division which promote the communication necessary for team building (CWM Section 6.2.A). Through this team building the children benefit from the networking that occurs between foster parents and Children's Service Workers. This training program provides a networking and mentoring opportunity from more experienced foster and adoptive parents which in turn creates a "safety net" for children.

The Child Welfare Manual also provides guidelines for the licensure of Residential Care Agencies. The manual outlines the procedure for application, the investigation process for initial licensure and re-licensure. Protection of children is assured while placed in a Residential Care Agency as specific guidelines are in place on discipline actions which can be administered. As with foster home settings, corporal punishment is prohibited. However, due to behaviors displayed by children in these settings, staff are also trained on discipline and control functions as well as proper physical restraint techniques. In order to be licensed, Residential Care Agencies must also meet minimal guidelines for safety and fire protection. This includes maintaining adequate sanitation, space and necessary equipment to meet the child's needs. While the child is placed with the Residential Care Agency, their physical and mental health needs must

be maintained. Licensing requirements set forth the procedures regarding the Agencies responsibility to meet the child's health care, emergency medical care, psychiatric and psychological care, and medication oversight.

Safety Assessment in Out-of-Home Care

ASFA requires that at the time a child is placed outside their home, the safety of the placement is assured. Further, ASFA requires the case plan include information on how the safety of the placement was considered and will be reviewed and confirmed and at a minimum of every six months.

In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments* curriculum, developed by ACTION for Child Protection. Additionally, consultation on this curriculum was obtained from National Resource Center for Child Maltreatment (NRC).

The *Confirming Safe Environments* curriculum assists staff in identifying and providing rationale for standards of care associated with kin and foster care; describes a specific work process designed to confirm and maintain child safety while in placement; demonstrates information collection skills and methods related to critical attributes of a safe environment; completing an analysis of a safe environment; and identifying conclusions based on confirming a safe environment and describing how supervision contributes to those conclusions.

Three supervisory groups (1 supervisor, 3 alternative care workers, and 1 licensing worker) were presented with this curriculum in a three-day training in May 2003. From June through August, 2003, these groups field tested the *Confirming Safe Environments* concepts and forms. In September 2003, the groups re-convened to discuss the successes, barriers, and systemic implications of the curriculum. Initial feedback and data gathered from the test sites indicate:

- Staff accepted the importance of assessing safety in out-of-home care and credited the training with being the key to their buy-in (good foundation and justification).
- Staff want the rest of their "units" and in some cases entire circuits to be trained on the curriculum.
- Staff continue to be very "form driven" in their implementation. The required forms are completed however, there needs to be more training and practice for staff to gain an understanding of the concepts and how the tool can best support their work.
- Test sites need more time to implement as they are still in a learning mode.
- Staff need increased supervisor support and clinical supervision regarding the curriculum concepts.
- Supervisors need increased support and buy-in from upper management (centrally and regionally) following increased information being provided to upper management.

The enthusiasm staff has demonstrated in response to this curriculum is encouraging. Information and data from the test sites is currently being reviewed for consideration of future use.

Out of Home Investigation for Alternative Care Providers

The relationships, causative factors, and dynamics between child(ren) and alleged perpetrator(s) are entirely different in investigations involving family situations and in child caring facilities. Realizing these differences, the Out of Home Investigative (OHI) Unit functions to investigate referrals alleging child abuse and neglect in those child caring facilities. These facilities include licensed foster homes, residential treatment centers, licensed day care providers, and schools.

The OHI Unit consists of fifteen investigators, one field supervisor and a unit manager. The fifteen investigators are assigned by geographic area and are supervised by the field supervisor and unit manager. The field supervisor assists with some administrative duties. The Unit maintains a central office in Jefferson City with one full time clerical staff. Investigative records are stored in the central office regardless of where the investigation took place.

The following data covers the time period of July 1, 2001 through June 30, 2002:

OHI Investigations

Type of Referral	Total # of Referrals	Probable Cause	Unsubstantiated
Licensed Child Care	468	59	408
Schools	460	34	399
Residential Treatment	457	49	406
Foster Homes	391	48	342
Other	284	57	227

Please note: The above numbers are not only alternative care children. These numbers are reflective of all children served.

Roundtable Discussions

Strengths Identified

- *There is good policy in place for foster parents and residential providers for safeguarding children's health and safety during an out-of-home placement.*
- *The Division's contractors do follow State regulations.*

Challenges Identified

- *The information system lacks medical data on foster parents and foster children. However, Jackson County has a data base available for alternative care children's medical data.*

Recommendations for Improvements

1. *Federal/National (across states) database for child abuse and neglect background checks is recommended.*
2. *Conduct more in depth criminal checks.*
3. *Fingerprint every member of foster/adopt family over 18 years of age.*

C.2. *Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the*

quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.

Statewide Efforts

In Missouri, quality assurance exists at every level. As described in Section II, A., question 1, the Continuous Quality Improvement (CQI) is the structure for the quality assurance effort. CQI uses case related data in an aggregated, non-identifying way to provide feedback and accountability to staff in a timely manner. Individual workers and supervisory units then use the information and take inventory of their individual and unit strengths and weaknesses. CQI is not intended to replace supervision. As Fotena Zirp, an expert in the CQI process has stated, "CQI and Supervision provide complimentary functions to the agency. The supervisor's change is to provide personal feedback to staff and to work with employees on remediating weaknesses and building on strengths. The CQI process looks at a different piece of the work environment. Its job is to look at processes and programs and to remove barriers that exist in doing the work. The specific work of the individual workers is not the focus, but rather the system that all workers function within."

Supervisory staff is responsible for ongoing case reviews which monitor service effectiveness and agency success in providing time-limited services. The first level supervisor conducts a formal case review of each treatment services case at the completion of each treatment plan period. This review occurs at a minimum of every 90 days. The supervisor's comments, recommendations regarding case closure and signature are listed on the Treatment Summary Page of the Family Assessment. During this review, the supervisor reviews the case record for duplicate material, and ensures that duplicate material and information are removed from the case record.

The first level supervisor conducts a formal case review at the end of each treatment plan. Case consultations focus upon the effectiveness of services and the reduction of risk. Risk factors are compared to those existing at the beginning of the treatment plan. A new assessment and treatment plan is due within 30 days of the plan's expiration.

Missouri's Peer Review Process

Missouri has two direct avenues for quality assurance, peer reviews and outcome data, which feeds into the overall CQI System. The goal of Missouri's peer review process is to assure quality services are provided to children and families served by the Division. Ongoing quality improvement efforts include a comprehensive examination of the status of families and children receiving child welfare services, how well the services systems are performing to meet the needs of children and families, and the documentation of such services. These two components include the Practice Development Review (PDR) and the Peer Record Review (PRR).

Practice Development Review

The Practice Development Review (PDR) is based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to determine the status of children and families and the performance of key service system functions. This approach is designed to look at outcomes for individual children and families and for the service system as a whole. The purpose is to identify strengths and areas of needed improvement. Improved

system performance, strengthened front-line practice, and achievement of better results for children and families are the goals of the process. The PDR provides a combination of quantitative and qualitative data that reveal in detail what is working now for a child and family. The PDR examines the current status for children and their caregivers and the impact of the service system on their status. The PDR results are useful in understanding and improving the practices of the division as well as other child and family service agencies.

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out of home care. The number of children reviewed is from 12 to 24 families, depending on the size of the review site.

The review spans approximately five days and the review teams review two families. The review team begins by familiarizing themselves with the “core story” by reviewing the family case record. To obtain additional information, interviews are conducted with key informants such as the child, their foster parent, the biological parent and service providers. Upon obtaining the case information, the review teams use the PDR Protocol “Blue Book” to rate the status of the child and overall service system performance.

Each review team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers use the designated protocol which mirrors the key status indicators utilized in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children’s Division staff and community stakeholders. Each review team has an opportunity to meet with the Children’s Division Worker and Supervisor assigned to the child’s case that was reviewed. At this time, they discuss their findings and provide feedback and any suggestions that may be necessary. The Children’s Division Worker also has the opportunity to ask questions and provide any additional information. Upon the conclusion of these meetings, the Central Office PDR Coordinator presents the aggregate findings and trends to the Children’s Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback.

All of the PDR results are posted on the intranet and all Children's Division's employees have access to the information.

Peer Record Review

The Peer Record Review (PRR) is a strategy designed to ensure documentation of essential service components exist in the family record, provide objective input regarding quality service provision, and identify systemic barriers to quality services. The process is to help ensure that the documentation captures the "story" of the family and/or child and that the services provided are appropriate and comprehensive.

The PRR is intended to be supportive in nature. Throughout the process, reviewers are asked to identify strengths in the records. Reviewers are expected to share their findings as well as the areas of needed improvement with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division Worker gaining a new perspective, an added advantage of the process is the knowledge and skill enhancement of the reviewer.

The PRR is completed on a quarterly basis. The number of cases selected for each site is dependent upon the size of the service population. Approximately 2.5% of case will be reviewed each quarter. The review includes a random sample of Child Abuse/Neglect cases, Family Centered Service cases, and Out-of-Home Care cases. These are cases that are currently open or have been recently closed. Recently closed cases are those that have been closed within three months immediately preceding the quarter in which the review is being conducted. Adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All staff has the opportunity to participate in the PRR process, yet it is intended that front-line staff complete the majority of the reviews. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Additionally, supervisors do not review any case in which their staff has worked with directly. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, area and state as a whole. The information is provided back to the individual sites for further analysis and problem solving. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develop processes to build upon the strengths found from the review.

All of the PRR results are posted on the intranet and all Children's Division's employees have access to the information.

Information gained through the two reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both

processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

Missouri Child Welfare Outcomes Reports

The second avenue uses outcomes and outcome measures to monitor agency performance and guide future initiatives. The term *outcome* is interchangeable with goal. These are results that the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. Outcomes cross all program lines. *Outcome measures* are quantifiable information that indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. Multiple measures can be used to fully indicate the degree to which the outcome is being achieved. A task force was formed to develop the outcome measures. Each of the outcome measures fits into one of the domains of safety, permanency and stability, well-being and quality assurance. The task force began by examining the overall outcomes/goals set by the Children's Bureau which include:

- Children are first, and foremost, protected from abuse and neglect,
- Children are safely maintained in their homes whenever possible and appropriate,
- Children have permanency and stability in their living situations,
- The continuity of family relationships and connections is preserved for children,
- Families have enhanced capacity to provide for their children's needs,
- Children receive appropriate services to meet their educational needs, and
- Children receive adequate services to meet their physical and mental health needs.

This information helped provide a framework for the development of each of the outcome measures. In addition to adopting those measures developed by the Children's Bureau, the task force decided upon other outcome measures. Examples of these outcome measures include the timeliness of the initial child contact when investigating child abuse/neglect hotlines, timeliness of completion of child abuse/neglect hotlines, adoption disruptions, placing children with relative care providers and the number of Family Centered Service Cases open over 12 months. These outcomes are believed to be reflective of good practice and paramount goals already established by the agency.

Central Office Constituent Response Unit

In Central Office, a unit has been formed to respond to communication from consumers in the form of letters, calls, and email. This unit has streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work.

During calendar year 2002, a total of 2,409 responses were logged. The constituent concerns were received by a variety of means; 692 from emails; 432 from letters; 1,260 were phone calls, 20 were handled in person; 5 were from surveys. The Division uses the constituent tracking log for evaluating the Children Protection System and identifies potential improvements areas.

Jackson County Quality Assurance System

The following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- **Omnibus Reviews**-This review measures the compliance with the exit requirements contained in the Modified Consent Decree. These requirements include information provided to the child and alternative care provider at the time of placement, completion of pre-placement visits, parent/child and child/sibling visits, visits between the Children's Service Worker and child at the foster home, obtaining medical information for children, timeliness of case planning conferences, and attendance at case planning conferences. A random sample of approximately 141 records is reviewed for each semi-annual review.
- **Adoption Review**: Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- **Licensing Review**: The universe for this semi-annual review includes all newly licensed foster homes, as well as those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the perspective foster parent(s) prior to initial or re-licensure.
- **Maltreatment of children in foster homes**-This review looks at all aspects of the investigations, why the child is in the care, was the child a victim of abuse/neglect or inappropriate discipline. This review monitors the compliance of timeliness of reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action or revocation for the foster home, and the timeliness of the Program Administrator signing the completed investigation. The review also monitors the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.
- **Monthly PDR for Medical/Dental, Planning and Service Provision**: A random sample of 85 cases is selected during each semi-annual reporting. Using the PDR model, the reviewer completes a case record review as well as conducts in-person interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services.

Semi-Annual Community PDR: This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, an instructor of Social Work from an area university, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the "story telling" time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The findings of the review are included in a written report which contains observations, comments and suggestions or recommendations for improvement for the Division and service community as a whole. The CQAC publishes this report semi-annually to local community stakeholders. The committee member's review the recommendations periodically to oversee completion and formulate action plans to overcome barriers when necessary.

Management Reviews

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Area Director or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Area Director or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

Consumer Surveys

In efforts to build a total quality organizational culture, it is important to receive feedback from the children and families partnered with the Division. Their input helps to shape the service delivery system in a positive manner. The concept of gaining consumer feedback and using it to improve practice is interwoven throughout the Council on Accreditation Standards of Best Practice. The Division has been gaining consumer feedback for many years through the use of consumer survey letters, Family-centered Practice, and Family Support Team Meetings. The agency is a leader in this philosophy and practice in the child welfare field.

A team (including participants) from all levels of the organization took the initiative to develop a new survey mechanism. The surveys are generated and sent from the Department of Social Services' Research and Evaluation Unit. The process does not require staff to distribute surveys to those served by the agency. The surveys are sent based upon the information in the agency's computer system. Every survey mailed includes a self-addressed stamped envelope to facilitate a higher response rate and assure confidentiality. This feedback is entered into a database, aggregated, and sent in report form to the County and Area offices for review through our Continuous Quality Improvement (CQI) process.

There are five surveys that are distributed to obtain feedback from our consumers. The consumers targeted include: youth in out-of home care; adults being served through the Family-centered Services or Family Centered Out-of-Home Care; adults served through IIS; adults who have recently had a completed investigation or assessment; and foster/relative care providers. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

The Children's Division began sending out client and foster/relative family surveys in July, 2001. Each month the following surveys are sent:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active Youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year.

To date the agency's response has been:

	SENT	RETURNED	RESPONSE RATE
CA/N	9080	1087	12%
IIS	2292	325	14%
FCS	5355	569	11%
LS1	2700	917	34%
VENDOR	1350	483	36%

Roundtable Discussions

Strengths Identified

- *The Practice Development Review is good for determining child status, how the system is performing and input from community partners.*
- *Outcome measures reports are another data source for driving practice.*
- *Peer Record Case review and administrative case review are essential for evaluating service compliance.*
- *The use and the continued use of the information from Consumer Surveys in driving policy and practice changes.*

Challenges Identified

- *There is a need for a definition of the well-being measures.*

Recommendations for Improvement

1. *Benchmarks for measuring well-being need to be further defined by the Federal and State governments.*
2. *Use of a peer review tool for administrative reviews*
3. *Increase the use of Peer Review information in CQI team meetings to identify trends and make improvements.*
4. *Glean information from constituent log for analysis and identify trends.*